

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	ASD		5/17/01
FORMALITY REVIEW	MW	920	06-15-01
RESPONSE FORMALITY REVIEW	#	676	09/13/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
" Allowed I Interference
- (Through numeral) Canceled A Appeal
+ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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10-81-90